

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025067

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 235

FILED JUL 8 1963

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		c. CITY OR TOWN Hannibal Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mississippi River		d. STREET ADDRESS (If outside, give location) # 2 Mainland Heights Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last TERENCE EDWARD BOSCHERT		4. DATE OF DEATH Month Day Year June 29, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/15/1923
9. AGE (last birthday) 39		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Worker	
11. BIRTHPLACE (City and state or country) St. Charles, Mo./ USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Leo Henry Boschert		13b. MOTHER'S MAIDEN NAME Maude Cleary	
14. NAME OF HUSBAND OR WIFE Rosalie Begley		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 3		17. INFORMANT Address Mrs. Rosalie Boschert, Hannibal	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental Drowning Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Benign tumor of the stomach PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH Immediate	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell from boat while fishing at night		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 12:15 p.m. 6/29/63	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Mississippi River	
20f. CITY, TOWN, OR LOCATION Hannibal		COUNTY Marion STATE Mo	
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____. Death occurred at 12:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Henry H. Sweet Jr. M.D. Coroner	
22b. ADDRESS Hannibal Mo		22c. DATE SIGNED 7/2/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/2/1963	
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) Hannibal, Missouri	
24. FUNERAL DIRECTOR Smith Funeral Home/ Hannibal, Mo.		25. DATE RECD. BY LOCAL REG. July 2, 1963	
26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke by Lillian M. Herman			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

13 pages
VS 300
Rev. 4/59
0640
0648
3
4 0
5 1
6
7 0
8 1
9850X
10 42
11 064
12 91-0
13 1-0

AUG 23 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by This body was not embalmed. Student Embalmer No.

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

_____, Student Embalmer No. _____
John Swan

Licensed Embalmer No. 4540

P. O. Address Hannibal, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

For . . . If this body is not embalmed, fact should be so stated above.

Cornst' record 7/2/68